



Program Request Form

CONTACT INFORMATION

Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

**THIS REQUEST DOES NOT GUARANTEE APPROVAL.
NOTIFICATION WILL BE GIVEN WHEN APPROVED.**

Today's Date: _____

Requested Program Date: _____

Alternate Date 1. _____

Alternate Date 2. _____

By submitting this request, the group agrees to all the policies and rules found in the Program Policy.

Requested Program Location: **Charleston Harbor** **ACE Basin**

Requested Program Time: **Beginning** _____ **Ending** _____

Will you be bringing and eating lunch during your requested program time? **Y/N**

******Programs are restricted to one-half hour after sunrise and one-half hour before sunset.***

OFFICIAL USE ONLY

C CH IDT M #
Initial _____ Initial _____

Departure Location: _____

Departure time: _____

Captain: _____

Mate: _____





GUEST INFORMATION

Name of Group _____

Type of Group (school group, civic club, etc.) _____

Number of Students/Passengers ____ Grade/Age of Students/Passengers ____

Number of Chaperones _____ (one chaperone per 10 students required)

****Please attach a list of all names of participants (students and adults)

REASON FOR APPLYING

Please list any medical conditions of participants in the table below.

Name	Condition	Medication

Please return this form in addition to the Land Program Form to:

Elizabeth Vernon, Coordinator
 Carolina Coastal Discovery Marine Education Program
 217 Fort Johnson Road
 Charleston, S.C. 29422



217 Fort Johnson Road Charleston, SC 29422-2559 (843) 953-9359 www.dnr.sc.gov/ccd/

